

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Regeneron Pharmaceuticals, Inc. PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="22658.61"/>	<input type="text" value="22658.61"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="66472.10"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7108.71"/>	<input type="text" value="57355.89"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="73580.81"/>	<input type="text" value="80014.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1434.53"/>	<input type="text" value="7868.22"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="72146.28"/>	<input type="text" value="72146.28"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Regeneron Pharmaceuticals, Inc. PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6659.18	50496.18
(ii) Unitemized	15.00	2491.49
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6674.18	52987.67
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	6674.18	52987.67
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	434.53	4368.22
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	7108.71	57355.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7108.71	57355.89

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	434.53	4368.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	434.53	4368.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	3500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1434.53	7868.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1434.53	7868.22

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	6674.18	52987.67
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6674.18	52987.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	434.53	4368.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	434.53	4368.22
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

A. Keith Anderson
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road

City Tarrytown	State NY	Zip Code 10591
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc.	Occupation Sr. Staff Scientist
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.4440

Amount of Each Receipt this Period
75.00

\$25 Bi-weekly payroll deduction

B. Kenneth Bernstein
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road

City Tarrytown	State NY	Zip Code 10591
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc.	Occupation Senior Manager - IT Operations
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.4453

Amount of Each Receipt this Period
30.00

\$10.00 Bi-weekly payroll deduction

C. Ned Braunstein
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road

City Tarrytown	State NY	Zip Code 10591
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc.	Occupation Sr. VP - Regulatory Affairs
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4230.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.4451

Amount of Each Receipt this Period
576.90

\$192.30 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	681.90
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Scott Carver

Mailing Address 777 Old Saw Mill River Road

City State Zip Code
 Tarrytown NY 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Regeneron Pharmaceuticals Inc. VP- Clinical Scale Mfg. & Sciences

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2115.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.4441

Amount of Each Receipt this Period
 288.45

\$96.15 Bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
B. Christopher Daly

Mailing Address 777 Old Saw Mill River Road

City State Zip Code
 Tarrytown NY 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Regeneron Pharmaceuticals Inc. Director - Oncology & Angiogenesis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2115.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.4439

Amount of Each Receipt this Period
 288.45

\$96.15 Bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
C. Jeanette Fairhurst

Mailing Address 777 Old Saw Mill River Road

City State Zip Code
 Tarrytown NY 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Regeneron Pharmaceuticals Inc. Senior Manager-Therapeutic Antibodies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.4447

Amount of Each Receipt this Period
 150.00

\$50.00 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 726.90

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

A. Chris Fenimore
Full Name (Last, First, Middle Initial)

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP - Financial Planning

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2115.30**

Date of Receipt **10 / 30 / 2015**

Transaction ID : SA11AI.4446

Amount of Each Receipt this Period **288.45**

\$96.15 Bi-weekly payroll deduction

B. Gregory Geba
Full Name (Last, First, Middle Initial)

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP Deputy Head - Clinical Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt **10 / 30 / 2015**

Transaction ID : SA11AI.4456

Amount of Each Receipt this Period **115.38**

\$38.46 Bi-weekly payroll deduction

C. Patrice Gilooly
Full Name (Last, First, Middle Initial)

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP - QA & Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2115.30**

Date of Receipt **10 / 30 / 2015**

Transaction ID : SA11AI.4457

Amount of Each Receipt this Period **288.45**

\$96.15 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **692.28**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

A. Joseph LaRosa
Full Name (Last, First, Middle Initial)

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc. Occupation Sr. VP - General Counsel & Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **4230.60**

Date of Receipt **10 / 30 / 2015**

Transaction ID : SA11AI.4443

Amount of Each Receipt this Period **576.90**

\$192.30 Bi-weekly payroll deduction

B. Erin Loosen
Full Name (Last, First, Middle Initial)

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc. Occupation Senior Manager Corporate Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 30 / 2015**

Transaction ID : SA11AI.4445

Amount of Each Receipt this Period **30.00**

\$10.00 Bi-weekly payroll deduction

C. Scott Mellis
Full Name (Last, First, Middle Initial)

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP - Clinical Sciences Trans. Medicine

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **4230.60**

Date of Receipt **10 / 30 / 2015**

Transaction ID : SA11AI.4454

Amount of Each Receipt this Period **576.90**

\$192.30 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **1183.80**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

A. Hala Mirza
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road
City Tarrytown State NY Zip Code 10591
FEC ID number of contributing federal political committee. **C**
Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP - Corporate Communications
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 30 / 2015
Transaction ID : SA11AI.4438
Amount of Each Receipt this Period 576.90
\$192.30 Bi-weekly payroll deduction

B. Andrew Murphy
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road
City Tarrytown State NY Zip Code 10591
FEC ID number of contributing federal political committee. **C**
Name of Employer Regeneron Pharmaceuticals Inc. Occupation Sr. VP - Research Regeneron Labs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 10 / 30 / 2015
Transaction ID : SA11AI.4459
Amount of Each Receipt this Period 576.90
\$192.30 Bi-weekly payroll deduction

C. William Olson
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road
City Tarrytown State NY Zip Code 10591
FEC ID number of contributing federal political committee. **C**
Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP - Research & Development
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 30 / 2015
Transaction ID : SA11AI.4442
Amount of Each Receipt this Period 576.90
\$192.30 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶ 1730.70
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

A. Ronald Rideman
 Full Name (Last, First, Middle Initial)
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regeneron Pharmaceuticals Inc. Occupation Asst. Dir. - Medical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 30 / 2015
Transaction ID : SA11AI.4448
 Amount of Each Receipt this Period 30.00
 \$10.00 Bi-weekly payroll deduction

B. Jeffrey Skulsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP - Info Systems and Technologies
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4038.50

Date of Receipt 10 / 30 / 2015
Transaction ID : SA11AI.4449
 Amount of Each Receipt this Period 384.80
 \$192.30 Bi-weekly payroll deduction through October 16; \$.20 payroll deduction October 30

C. Tor Smeland
 Full Name (Last, First, Middle Initial)
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regeneron Pharmaceuticals Inc. Occupation Exec. Dir. - Assistant General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 30 / 2015
Transaction ID : SA11AI.4450
 Amount of Each Receipt this Period 576.90
 \$192.30 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	991.70
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

A. Robert Vitti
Full Name (Last, First, Middle Initial)

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP Clinical Sciences - Ophthalmology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1442.25**

Date of Receipt **10 / 30 / 2015**

Transaction ID : SA11AI.4458

Amount of Each Receipt this Period **288.45**

\$96.15 Bi-weekly payroll deduction

B. Mark Volpe
Full Name (Last, First, Middle Initial)

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc. Occupation Executive Director - Tax

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2115.30**

Date of Receipt **10 / 30 / 2015**

Transaction ID : SA11AI.4444

Amount of Each Receipt this Period **288.45**

\$96.15 Bi-weekly payroll deduction

C. Stephen Westing
Full Name (Last, First, Middle Initial)

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc. Occupation Dir. Med Aff. - Ophthalmology Sciences

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **10 / 30 / 2015**

Transaction ID : SA11AI.4452

Amount of Each Receipt this Period **75.00**

\$25.00 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	651.90
TOTAL This Period (last page this line number only).....▶	6659.18

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 15
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Regeneron Pharmaceuticals, Inc.

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4368.22

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015

Transaction ID : SA15.4466

Amount of Each Receipt this Period
434.53

Reimbursement of previously paid admin. expenses (i.e., bank fees)

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	434.53
TOTAL This Period (last page this line number only).....▶	434.53

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

Full Name (Last, First, Middle Initial)

A. JP Morgan Chase Bank, NA

Mailing Address Two Corporate Drive

City Shelton State CT Zip Code 06484

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : SB21B.4465

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Gillibrand for Senate

Mailing Address 126 C Street, NW
2nd Floor

City Washington State DC Zip Code 20001

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Kristen Elizabeth Gillibrand

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 21 / 2015

Transaction ID : SB23.4460

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1000.00

1000.00